Immunize Utah

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A New Approach to Help Primary Care Practices Improve Immunization Rates

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In a recent report on the relative "healthiness" of the nation, the State of Utah ranked as one of the healthiest with a 6th place ranking. While placing among the top ten is news to be proud of, this achievement belies some not-so-flattering statistics. According to 2005 data, Utah is in 42nd place for the number of children age 19-35 months who are fully immunized! Only 68.1% of our children in that age group have received all of the recommended vaccines!

Research findings clearly demonstrate the effectiveness of vaccines in preventing disease and thus reducing unnecessary morbidity and mortality. However, any children's primary care provider can tell you that achieving optimal immunization coverage levels in practice is an ongoing challenge.

The Utah Pediatric Partnership to Improve Healthcare Quality ("UPIQ" pronounced "you pick"), in cooperation with the Utah Immunization Program, aims to help primary care pediatricians meet this challenge by assisting them in identifying and implementing office strategies proven to improve immunization rates. Practices participating in this new project, scheduled to begin winter/spring 2007, will receive a series of in-office educational sessions delivered by trained peer mentors, in addition to technical assistance in selecting strategies that will best meet the needs of the office.

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The project, entitled "Improving Immunization Rates in Primary Care Practices," is part of a study aimed at measuring the effectiveness of a quality improvement intervention on improving immunization rates. Roll-out of the project will be initially limited to two counties, but the goal (contingent on funding) is to spread the project statewide.

Only 68.1% of Utah's children 19-35 months of age have received all of the recommended vaccines!

UPIQ, founded in 2003, is a quality improvement organization formed by a partnership that includes: Intermountain Pediatric Society/Utah Chapter, American Academy of Pediatrics; Utah Department of Health; *HealthInsight,* Intermountain Healthcare's Primary Care Programs; Utah Academy of Family Physicians, Primary Education Services of Primary Children's Medical Center, and the Division of General Pediatrics at the University of Utah, where it is based.

To date, UPIQ has completed seven Learning Collaboratives on topics including: preventive services delivery, developmental screening, asthma, and ADHD. In addition, UPIQ has active Collaboratives on Medical Home, Maternal Depression, and Oral Health. Its typical Collaborative begins with an assessment of current practice, followed by an all-day learning session involving practice teams (physician, office manager, clinical staff member, and for some, a parent partner). Ongoing technical support, periodic reassessments of practice, monthly conference calls, and a final assessment and report take place over the subsequent six to nine months.

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2006-2007 Utah Influenza Activity

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Although influenza is actively circulating throughout Utah, the rate of influenza-like illness (ILI) continues to remain below the threshold level for elevated ILI activity. No counties currently have elevated ILI rates. Data from sentinel physicians indicate that infection rates in Utah are highest among infants and children birth to four years of age. The majority of non-hospitalized cases of influenza in Utah appear to be caused by influenza B.

As of January 19, 2007, 53 influenza-associated hospitalizations have been reported to the Utah Department of Health from the following counties:

- Cache (4)
- Carbon (1)
- Davis (5)
- Duchesne (1)
- Salt Lake (11)
- Tooele (1)
- Utah (2)
- Washington (2)
- Wayne (1)
- Weber (25)

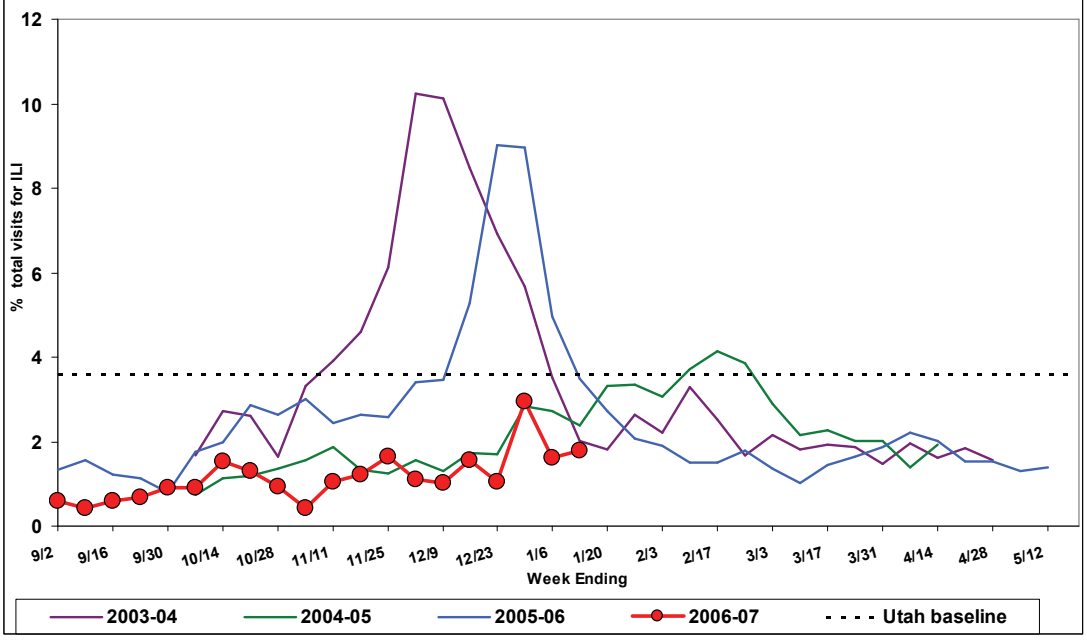
Thirty-five cases have been identified with influenza A viruses, twelve with influenza B viruses, and six with an unknown type. The number of hospitalizations has been steadily increasing since the beginning of the influenza season, with eight hospitalizations reported during the first week of January. However, cumulative rates remain below rates from the same time period last season. At the present time, the majority of these hospitalizations appear to be occurring in individuals at high risk for complications due to age and/or co-morbidities.

It appears that the 2006-07 influenza season in Utah will be a late one, with activity continuing to increase. However, peak activity cannot be predicted. The past three seasons of influenza activity have significantly different patterns in the time and magnitude of the peak. The 2003-04 and 2005-06 seasons were fairly similar, with activity rising sharply and peaking relatively early in the season. The 2006-07 season has so far mimicked the 2004-05 season. Although activity this season has been mild so far, it is no indication of how influenza in Utah will behave for the rest of the season. As influenza activity continues to rise, it is important to remember that vaccination is the best method to prevent influenza.

Influenza-associated hospitalizations and pediatric influenza-associated deaths are reportable conditions in Utah. For weekly updates on influenza activity in Utah, please visit Utah's Influenza Page at http://health.utah.gov/epi/diseases/flu/.

Influenza Activity for Current Season and Past Three Seasons

Figure 1. Percentage of visits for influenza-like illness (ILI) reported by sentinel providers- Utah, 2006-2007 and previous three influenza seasons



FDA Approves MedImmune's Refrigerated Formulation of FluMist(R)

On January 8, 2007, MedImmune, Inc. announced that the U.S. Food and Drug Administration (FDA) approved the company's new refrigerated formulation of FluMist(R) (Influenza Virus Vaccine Live, Intranasal) for use in helping to prevent influenza in healthy children and adults from 5 to 49 years of age.

The new FluMist vaccine is expected to encourage more healthcare providers to offer FluMist to their customers and patients. The new formulation can be conveniently stored in a standard refrigerator rather than frozen, as previously required. The frozen storage presented difficulties for some physician practices as well as for providers who administer vaccine in places like schools, pharmacies and grocery stores. According to MedImmune, "This improvement will enhance access to this important vaccine."

FluMist has been marketed in a frozen formulation since its original FDA approval in 2003, and millions of doses have been distributed and administered. The newly approved formulation of FluMist, known in clinical studies as CAIV-T (cold adapted influenza vaccine-trivalent), will be available for the 2007-2008 influenza season. Both formulations of FluMist are free of preservatives, including thimerosal. MedImmune anticipates shipping its first doses in 2007 in time for physicians to start vaccinating patients as early as August.

For more information on FluMist vaccine, visit http://www.medimmune.com/.

New Childhood and Adolescent Immunization Schedule for Persons 0-18 Years

On January 5, 2007, the Morbidity and Mortality Weekly Report (MMWR) published the changes approved by the Advisory Committee on Immunization Practices (ACIP) for the 2007 childhood and adolescent immunization schedule. The main change to the format of the schedule is the division of the recommendation into two schedules: one schedule for persons aged 0-6 years and another for persons aged 7-18 years. To read the article, visit the MMWR website at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5551a7.htm?s_cid=mm5551a7_e.

REMINDERS

Order 2007-2008 Influenza Vaccine

Some influenza vaccine manufacturers and distributors have opened their ordering processes. Please contact your influenza vaccine ordering resource to ensure your vaccine supply for the 2007-2008 season.

Meningococcal Conjugate MCV4 (Menactra™) Restrictions Lifted

The restrictions on the administration of tetravalent meningococcal conjugate vaccine, MCV4 (Menactra™), have been lifted effective November 3, 2006.

This means that health care professionals can once again administer Menactra vaccine to all of the recommended immunization cohorts, if they have not been previously vaccinated with Menactra vaccine, including:

- Young adolescents (11-12 years of age)
- Teens entering high school (≈15 years of age)
- College freshmen living in dormitories.

Now that adequate supplies are available the CDC also encourages health care professionals to continue to call back those adolescent patients for whom meningococcal vaccination was deferred.

To view the MMWR article go to: http://www.cdc.gov/mmwr/PDF/wk/mm5543.pdf (PDF version) or: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5543a5.htm?s_cid=mm5543a5_e (HTML version).

USIIS USER TIPS

USIIS User Tip 1: USIIS provides a way for a user to change the password in the Admin section of Web-KIDS. If you want to change your password, or if you are concerned about security, then all you need to do is follow these steps.

First login to WebKIDS and load the Admin application of WebKIDS by pressing the salmon-colored button marked Admin. The Admin section will most likely load to another window or tab of your browser.

Next, press the yellow button labeled Change Pass. There are three fields to enter text. Enter the password you used to login to WebKIDS in the top field. The next two fields will contain the same information -- the new password you have chosen.

Lastly, press the Update button and wait to press the OK button on the confirmation pop-up. Your password is now changed. Don't forget the new password! Save it in a secure location.

USIIS User Tip 2: If you have a Batch List already created, and need to add another patient to the list, you can do it easily in the *Pat. Search* screen.

First, simply search for the patient. When you have located the person you want to add to the list, check the box to the left of the name. When the check is inserted, the SAVE to LIST button above the provider search results (to the right) will become active.

Next, select the intended list for adding the patient from the drop-down menu to the right of the button and press the Save to List button. This is handy if you have created a list to remove clinic affiliation.

You can add patients to that list as they are identified and remove the affiliation once a month. This is also a good way to add an active patient to a list for a CASA export.

USIIS User Tip 3: When adding a new patient, keep in mind that the minimum amount of information is not necessarily the best amount. A small investment on your part can save time for you and others later. It also makes the data more reliable by making it more complete.

If it is something simple like asking the mother her maiden name, please do so. If you add the address, it will benefit you and others in the future in such areas as patient matching and clinic reports. Filling out the information on the mother and father helps a great deal and is a good source for matching patients.

For clarifications, problems, or for more information on any of these tips, **contact J.C. Alexander at 801-538-6827 or jcalexander@utah.gov.**

Kudos To Providers!

The Utah Immunization Program is pleased to recognize outstanding efforts among Utah providers in immunizing Utah's children. The following rates are based on immunization assessments from September through December 2006 using the Clinic Assessment Software Application (CASA).

For achieving the goal of immunizing 90% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 Varicella:

Southwest Children's Clinic 90%

For achieving the goal of immunizing 70% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 Varicella:

Copperview Medical Center 70%
Foothill Family Clinic – South 72%
Jackson Family Medical Clinic 77%
Parowan Medical Clinic 75%
U of U Greenwood 74%

Vaccine Management Tips

Transferring Vaccines

Transferring a partially used (multi-dose) vial between providers is in violation of Food and Drug Administration (FDA) regulations.

- FDA regulations require that a partially used (multi-dose) vial be used only by the provider's office where it was first opened.
- It may be transported to or from off-site clinics operated by the same provider as long as the cold chain is properly maintained.
- Such a vial may not be transferred to another provider.
- While there is no defined limit to the number of times vaccine may be transported to different clinic sites, multiple transport incidents increase the risk that vaccine will be exposed to inappropriate storage conditions.
- If vaccine transportation to another location is required, it is critical that vaccine potency is protected by maintaining the cold chain at all times.

Please note the above instructions also apply to multi-dose vials of influenza vaccine. Make sure to apply the above rules to your clinic's vaccine management plan.

Source: Centers for Disease Control and Prevention, National Immunization Program, Vaccine Storage and Handling Toolkit, http://www2a.cdc.gov/nip/isd/shtoolkit/content.html

Using Surplus Flu Vaccine

According to the Centers for Disease Control and Prevention (CDC), the approach to influenza vaccination in the United States is in need of change. Extending the time period in which the public seeks vaccination is one strategy strongly advocated by the CDC, flu vaccine manufacturers and flu vaccine providers.

The key objective is to promote influenza vaccination through December and beyond because national interest in getting a flu vaccination has traditionally tapered off after Thanksgiving. Here are a few additional tips that may help providers keep from wasting their surplus flu vaccine.

- Don't forget to give a dose to infants who just turned six month's old. Give them one shot this season while you have available vaccine. Then they will only need one shot next season.
- New patients under nine years of age who have never received flu vaccine could benefit with the vaccine. They, too, will only need one shot next season.
- Most brands will expire by July 1, 2007. Be sure to check expiration dates before administering vaccines.
- Expired VFC- and State-funded flu vaccine should be returned promptly to the Utah Immunization Program after July 1, 2007.

Influenza is very unpredictable — and the possibility of a severe influenza season still exists. Providers are urged to vaccinate every individual who wants to be protected against influenza into December and beyond.

Vaccine Policy Changes

Vaccine Administration Fee Increase

As of January 1, 2007, the administration fee for self-pay VFC eligible children increased to $14.61 per dose.

Providers may now bill non-Medicaid and non-CHIP VFC eligible patients (i.e. no insurance, American Indian/Alaskan Native, underinsured) up to $14.61 as an administration fee for each VFC vaccine. Providers may not bill over the allowed fee of $14.61 set by the Center for Medicaid and Medicare Services.

VFC eligible patients cannot be denied services due to an inability to pay the vaccine administration fee.

Medicaid and CHIP will continue to reimburse according to their pay schedule.

Utah VFC Policy Change for Underinsured

The following policy change was announced during fall 2006 and became effective November 30, 2006:

Since 2001 the Utah Immunization Program, under federal Vaccines for Children (VFC) rules, has used state vaccine funds allowing underinsured children to be served in any Utah VFC provider office. Previously these children were restricted to service for covered VFC vaccines at federally qualified community health centers. The addition of state vaccine funds in 2001 helped to increase access to immunizations for underinsured children.

Today, with the addition of new vaccines at increasing costs, state vaccine funds are very limited. This has forced the Utah Immunization Program to make some difficult funding decisions. These decisions have been made in consultation with the Utah Scientific Vaccine Advisory Committee which includes representatives from the Intermountain Pediatric Society and the Utah Family Practice Association.

Until additional state funding allows, the following vaccines will not be covered through the Utah VFC Program at all provider offices for underinsured children:

HPV, Rotavirus, and Meningococcal Conjugate vaccines

Only federally qualified community health centers** may serve underinsured children with these vaccines through the VFC Program. The underinsured children are still eligible for all other vaccines at all VFC provider offices.

**A local public health department is not a federally qualified community health center. Local public health departments are all VFC providers and, therefore, are under the same VFC eligibility requirements.

It is with regret that we announce this decision. Utah joins an increasing number of states that have made these same difficult funding decisions. For any questions please contact the Utah Immunization Program at 801-538-9450.

Administering Vaccines: Dose, Route, Site and Needle Size

Vaccines	Dose	Route
Diphtheria, Tetanus, Pertussis (DTaP, DT, Tdap, Td)	0.5 mL	IM
Haemophilus influenzae type b (Hib)	0.5 mL	IM
Hepatitis A (Hep A)	≤18 yrs 0.5 mL ≥19 yrs 1.0 mL	IM
Hepatitis B (Hep B) *Persons 11-15 yrs may be given Recombivax HB® (Merck) 1.0 mL adult formulation on a 2-dose schedule.	≤19 yrs 0.5 mL* ≥20 yrs 1.0 mL	IM
Human Papillomavirus (HPV)	0.5 mL	IM
Influenza, live attenuated (LAIV)	0.5 mL	Intranasal Spray
Influenza, trivalent inactivated (TIV)	6-35 mos 0.25 mL ≥3 yrs 0.5 mL	IM
Measles, Mumps, Rubella (MMR)	0.5 mL	SC
Meningococcal, conjugated (MCV4)	0.5 mL	IM
Meningococcal, polysaccharide (MPSV4)	0.5 mL	SC
Pneumococcal conjugate (PCV)	0.5 mL	IM
Pneumococcal polysaccharide (PPV)	0.5 mL	IM or SC
Polio, inactivated (IPV)	0.5 mL	IM or SC
Rotavirus (Rv)	2.0 mL	Oral
Varicella (Var)	0.5 mL	SC
Zoster (Zos)	0.65 mL	SC
Combination Vaccines		
DTaP+HepB+IPV (Pediarix ™) **DTaP+Hib (Trihibit ™)** **Hib+Hep B (Combax ™)**	0.5mL	IM
MMR+Var (ProQuad®)	≤12 yrs 0.5 mL	SC
Hep A+Hep B (Twinrix®)	≥18 yrs 1.0 mL	IM

Injection Site and Needle Size

Subcutaneous (SC) Injection
Use a 23-25 gauge needle. Choose the injection site that is appropriate to the person's age and body mass.

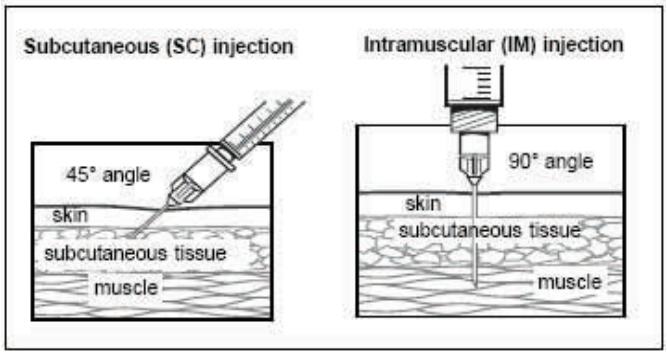
Age	Needle Length	Injection Site
Infants (Birth-12 mos)	5/8"	Fatty tissue over anterolateral thigh muscle
Children (≥ 12 mos), adolescents, & adults	5/8"	Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps

Intramuscular (IM) Injection
Use a 22-25 gauge needle. Choose the injection site and needle length appropriate to the person's age and body mass.

Age	Needle Length	Injection Site
Newborns	5/8"*	Anterolateral thigh muscle
Infants (Birth-12 mos)	1"	Anterolateral thigh muscle
Children (12 mos to 10 yrs)	5/8"*†-1"	Deltoid muscle of arm or anterolateral thigh muscle
Children and adults (11 yrs and older)	1"-1½"*†	Deltoid muscle of arm

*A 5/8" needle can be used if the skin is stretched tight and the subcutaneous tissue is not bunched.

† A 5/8" needle may be used in the deltoid muscle in children ages 12 mos. or older and in adults weighing less than 130 lbs.



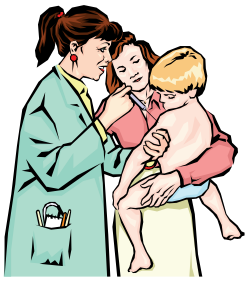
Please note: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well.

Source: Immunization Action Coalition • www.immunize.org

RotaTeq Vaccine – Appropriate Administration

Rebecca L. Ward, BS
Utah Immunization Program

A recent immunization quality review revealed some discrepancies with administration of the new rotavirus vaccine, RotaTeq®. When children's records were assessed in the Utah Statewide Immunization Information System (USIIS) for vaccine compliance, records indicated that some children had received the vaccine at <6 weeks of age and >34 weeks of age. Giving RotaTeq® to these age groups is not recommended. It should be noted, however, that this information is based on the dates of birth entered into the registry. USIIS users should make certain that there aren't any data entry errors or transcription errors, i.e., problems with birth dates or date of vaccine administration.



According to the reviewers, this issue is not unique to Utah. Several quality reviews in other states have revealed inappropriate administration of the RotaTeq® vaccine. It is possible that certain clinics do not know how to properly administer the vaccine and need additional training since this is a new vaccine. To avoid the issue of re-vaccination or vaccine wastage, the following recommendations are provided.

The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of infants with three doses of rotavirus vaccine administered orally at ages two, four and six months. The first dose should be administered between ages 6-12 weeks. Subsequent doses should be administered at 4-10 week intervals, and all three doses of vaccine should be administered by age 32 weeks. Vaccination should not be initiated for infants aged >12 weeks because of insufficient data on safety of the first dose of rotavirus vaccine in older infants. Vaccine should not be administered after age 32 weeks because of insufficient data on the safety and efficacy of rotavirus vaccine in infants after this age.

For infants in whom the first dose of rotavirus vaccine is inadvertently administered off label at age ≥13 weeks, the rest of the rotavirus vaccination series should be completed as per the schedule because timing of the first dose should not affect the safety and efficacy of the second and third dose. Infants who have had rotavirus gastroenteritis before receiving the full course of rotavirus vaccinations should still initiate or complete the three-dose schedule because the initial infection frequently provides only partial immunity.

Infants who are being breastfed can receive rotavirus vaccine. The efficacy of rotavirus vaccine is similar among breastfed and non-breastfed infants. Like other vaccines, rotavirus vaccine can be administered to infants with transient, mild illnesses, and with or without low-grade fever.

Rotavirus vaccine can be administered together with DTaP, Hib, IPV, hepatitis B, and pneumococcal conjugate vaccines.

RotaTeq® is provided in a squeezable plastic dosing tube with a twist-off cap designed to allow for the vaccine to be administered directly to infants by mouth. Each tube contains a single 2-mL dose of the vaccine that is pale yellow in color but might have a pink tint.

This formulation protects the vaccine virus from gastric acid and stabilizes the vaccine, allowing for storage at refrigerator temperatures (36°F-46°F [2°C-8°C]) for 24 months. RotaTeq® should be administered as soon as possible after being removed from refrigeration. Additional information on stability under conditions other than those recommended is available by calling 1-800-637-2590.

Continued from page 1

A New Approach

While UPIQ has seen much success with the Learning Collaborative format, we are excited to try a new approach with the immunization project by bringing the education and support directly to providers. In addition, we look forward to our new partnership with the staff of the Utah Immunization Program!

To learn more about UPIQ or any of its activities, you can contact Dana Patterson, UPIQ Program Manager, at 801-585-6480 or dana.patterson@hsc.utah.edu.

Upcoming Events 2007

January 25, February 1, 8 and 15, 2007
Epidemiology & Prevention of Vaccine Preventable Diseases course. All sessions will be broadcast from 10:00 a.m. until 2:00 p.m. MTN. For more information, visit http://www2.cdc.gov/phtn/default.asp.

March 5-8, 2007
41st National Immunization Conference
Kansas City, Missouri. For more information, visit http://www.cdc.gov/nip/NIC.

April 18, 2007
NIIW Provider Education Conference
Dr. Bill Atkinson, Ogden Eccles Conference Ctr.
2415 Washington Blvd., Ogden
7:30 a.m. -12:00 p.m.
Call Vener at 801-451-3392 for more information.

April 21-28, 2007
National Infant Immunization Week
For more information, visit http://www.cdc.gov/nip/events/niiw/.

Coalition Meetings

February 5, March 6, April 3, 2007
Northern Utah Immunization Coalition
Weber County Health Department
477 23rd Street, Ogden; 2:00 p.m.
Call Vener at 801-451-3392 for more information.

February 20, 2007
Utah County Immunization Coalition
Health and Justice Building, Room 2800
151 South University Avenue, Provo, 8:00 a.m.
Call Pauline at 801-851-7027 for more information.

February 21, 2007
Greater Salt Lake Immunization Coalition
2001 South State Street, Suite S3800
Conference Room, Salt Lake City, 9:00 a.m.
Call Travis at 801-468-2086 for more information.

February 22, 2007 & April 19, 2007
Every Child By Two Immunization Coalition
Utah Department of Health
Salt Lake City, 10:00 a.m.
Call 801-538-9450 for more information.

March 13, 2007
Southwest Utah Immunization Coalition
Southwest Utah Public Health Department
168 North 100 East, St. George, 8:00 a.m.
Call Pat at 435-673-3528 for more information.

Utah Adult Immunization Coalition meets the fourth Wednesday of each month at Health-Insight. 8:00 a.m. Call 801-538-9450 for more information.

USIIS User Group Meetings

Cache Valley
Cache Valley USIIS User Group
Logan Regional Medical Center
March 14, 2007
12:45 p.m.

USIIS Oversight Committee Meeting
Utah Department of Health, Room 125
March 23, 2007
1:00 p.m.

For more information regarding User Group meetings or to establish a User Group in your area, please contact Janel Jorgenson at 801-538-9991.

Utah Department of Health
IMMUNIZATION PROGRAM
Immunize for healthy lives

P.O. Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

Return Service Requested

Check out our websites!

www.immunize-utah.org
www.usiis.org

Welcome New VFC Providers!

Family Medicine Specialists of Gunnison
Fillmore Community Medical Center
Grantsville Medical Clinic
Seraphine Clinic LLC
The Family Clinic - La Verkin
Wee Care Pediatrics - Roy

Welcome New USIIS Providers!

Cedar Valley Medical Clinic
Copperview CHC
Foothill Family Clinic North - Jack Taylor MD
Gray Family Practice
IHC Redrock Pediatrics
Milford Medical Clinic
Ogden Clinic Family Practice
Primary Children's Medical Center
Rock Run Medical
South Ogden Center for Family Medicine
St. George Discount Pharmacy
The Family Clinic - LaVerkin
Wayne CHC